## SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM SPAC COVER SHEET PG 1

7 PM 1:37

The SPAC Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed:						
3	3 COMMITTEE NAME				OFFICE USE ONLY	
	Citizens fo	or Cedar Park PAC			Date Received	154
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE;	ZIP CODE		10 AFR:
	Change of Address	P.O.Box 308  100 E. Whitestone Ste 1	48		Date Hand-delivered	or Date Postmarked
		Cedar Park, TX 78613			Date Hand-delivered	or Date 1 Ostmarked
5	CAMPAIGN TREASURER NAME	Ms/MRs/MR FIRST Mrs. Candace	*)	MI	Receipt #	Amount \$
		NICKNAME LAST  Lambert	- B	SUFFIX	Date Imaged	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT 4021 Gloucester Drive	T / SUITE #; CITY;	STATE;	ZIP CODE	
		Cedar Park, TX 78613				
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT Same as above	f / SUITE #; CITY;	STATE;	ZIP CODE	8
	Change of Address					
8	CAMPAIGN TREASURER PHONE	(512 ) 784-0754	EXTENSIO	N		
9	REPORT TYPE		n day before election day before election noff		Exceeded \$500 limit  Dissolution (Attach PAC- 10th day after campaign	
10	PERIOD COVERED	Month Day Year			Month Day	Year
		04 / 05 / 2018	THROUGH		04 / 26 /	2018
11	ELECTION	ELECTION DATE	Runoff	Other Description		
		GO Т	O PAGE 2			

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

#### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers)				
Citizens of Cedar Park PAC				
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	x CANDIDATE	Mel Kirkland		
X SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officehold	er)	
OPPOSE (Candidate or Measure)		Cedar Park City Council	Place 2	
ASSIST	MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE  Month Day Year		
(Officeholder)		DESCRIPTION		
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THA , OR GUARANTEES OF LOANS), UNLESS ITEMIZ	1 7	
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1750.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$	
4. TOTAL POLITICAL EXPENDITUR		L EXPENDITURES	\$ 2691.17	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	\$ 165.97		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		THE \$	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Campaign Treasurer				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Candacy Lamburt, this the 27th				
day of, 20, to certify which, witness my hand and seal of office.				
Selm m. a. LeAnn m. Quin City Sic				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

#### FORM SPAC COVER SHEET PG 2

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)    X SUPPORT (Candidate or Measure)	rs)	
paper to complete this report if necessary.)  X SUPPORT (Candidate or Measure)  OFFICEHOLDER  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  Cedar Park City Council Place 4  Cedar Park City Council Place 4  BALLOTIDENTIFICATION /# LECTION DATE Month Day Year  DESCRIPTION  1. TOTAL POLITICAL CONTRIBUTIONS of \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ see page 2  4. TOTAL POLITICAL EXPENDITURES  \$ see page 2		
Cedar Park City Council Place 4    OFFICEHOLDER		
OPPOSE (Candidate or Measure)  ASSIST (Officeholder)  DESCRIPTION  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  EXPENDITURE TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  \$ see page 2  C. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  SEE PAGE 2  4. TOTAL POLITICAL EXPENDITURES  \$ see page 2		
ASSIST (Officeholder)  MEASURE  DESCRIPTION  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ see page 2  4. TOTAL POLITICAL EXPENDITURES  \$ see page 2		
DESCRIPTION  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ see page 2  4. TOTAL POLITICAL EXPENDITURES  \$ see page 2		
TOTALS  PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  See page 2  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ see page 2  4. TOTAL POLITICAL EXPENDITURES  \$ see page 2		
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  See page 2  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$  see page 2  4. TOTAL POLITICAL EXPENDITURES  \$		
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ see page 2  4. TOTAL POLITICAL EXPENDITURES  \$	2	
4. TOTAL POLITICAL EXPENDITURES \$	2	
	2	
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ see page 2		
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$  see page 2	}	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
Signature of Campaign Treasurer		
AFFIX NOTARY STAMP / SEALABOVE		
Sworn to and subscribed before me, by the said, this the		
day of, 20, to certify which, witness my hand and seal of office.		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

#### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Citizens of Ced	ar Park PAC	1	13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	X CANDIDATE	Dorian Chavez		
SUPPORT (Candidate or Measure) OFFICEHOLDER OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)			əlder)	
OPPOSE (Candidate or Measure)		Cedar Park City Cour	ncil Place 6	
ASSIST	MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE  Month Day Year		
(Officeholder)	MEASUNE	DESCRIPTION		
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THE CONTRIBUTIONS OF LOANS), UNLESS ITEM		
, . , . , . ,		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ see page 2	
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS IT	see page 2	
	4. TOTAL POLITICA	AL EXPENDITURES	\$ see page 2	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	see page 2		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		see page 2	
16 AFFIDAVIT		I swear, or affirm, under penalty of pe report is true and correct and include be reported by me under Title 15, Ele	es all information required to	
		Signature of Campai	ign Treasurer	
AFFIX NOTARY STAMP / SEAL	_ABOVE			
Sworn to and subscribed b	pefore me, by the said	· · · · · · · · · · · · · · · · · · ·	, this the	
day of	, 20, to	certify which, witness my hand and seal c	of office.	
Signature of officer administe	əring oath Printed ı	name of officer administering oath T	Fitle of officer administering oath	

### **SUBTOTALS-SPAC**

### FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME 18 Filer ID (Ethics Co		nmission Filers)
	Citizens for Cedar Park PAC		
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<sup>\$</sup> 1620.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<sup>\$</sup> 130.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORGANIZATION	ORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR	R ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 2691.17
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED	\$
		***************************************	***************************************

### **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Citizens of Cedar Park 5 Payee name 4 Date 4/1/18 VistaPrint City; State; Zip Code 6 Amount (\$) 7 Payee address; 95 Hayden Ave, Lexington, MA 02421 \$181.72 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising/Printing \_\_ Check if Austin, TX, officeholder living expense OF EXPENDITURE Door Hangers Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee name 4/14/18 VistaPrint City; State; Zip Code Amount (\$) Payee address; 95 Hayden Ave, Lexington, MA 02421 \$193.73 Category (See Categories listed at the top of this schedule) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising/Printing Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Door Hangers Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/22/18 VistaPrint Amount (\$) Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, MA 02421 \$130.72 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising/Printing **EXPENDITURE** Door Hangers Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Citizens of Cedar Park 4 Date 5 Payee name 4/22/18 **TexasCMS** 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 842 \$2,185.00 Cedar Park, TX 78630 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Advertising/Marketing Graphic Design for Mailers and Postcards Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Citizens of Cedar Park PAC 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_\_ Tony Dale 4/19/18 \$670.00 6 Contributor address; City; State; Zip Code 104 BREAKAWAY RD CEDAR PARK, TX 78613-6991 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Employed Full name of contributor out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) Tony Dale 4/11/18 \$750.00 Contributor address; City; State; Zip Code 104 BREAKAWAY RD CEDAR PARK, TX 78613-6991 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) John and Kristyne Bollier 4/18/18 City; State; Zip Code \$200.00 Contributor address; 3815 Arrow Wood Road, Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Product Manager** Cisco Systems Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

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www.ethics.state.tx.us

Revised 9/8/2015

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

I Tarles Cabarra M			
orm. 1 Total pages Schedule A2:			
3 Filer ID (Ethics Commission Filers)			
\$\\$130.00			
8 Amount of Contribution \$ 9 In-kind contribution description  \$130.00 Graphic Design Work  Check if travel outside of Texas. Complete Schedule T.  \$1 Employer (FOR NON-JUDICIAL) (See Instructions)			
American Airlines			
13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
Amount of In-kind contribution Contribution \$ . description			
Check if travel outside of Texas. Complete Schedule T.			
Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's job title (FOR JUDICIAL) (See Instructions)			
Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
;			
Contribution \$ . description  Code  Check if travel outside of Texas. Complete  Employer (FOR NON-JUDICIAL) (See Instruction  Contributor's job title (FOR JUDICIAL) (See Instruction			